

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107927313**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	/	/	/		
3	/		/	/		
4	/	3	/	/		
5		(1)	/	/		
6		(1)	/	/		
7		(1)	/	/		
8		(1)	/	/		
9		(1)	/	/		
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11		(1)	/	/		
12		(1)	/	/		
13		(1)	/	/		
14		(1)	/	/		
15		(1)	/	/		
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TOTAL IND.	10	↓	4	↓		↓
TOTAL DEP.	21	←	21	←		←
TOTAL CLAIMS	31		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						